This form is to be completed by the referring line manager through discussion with the employee (and HR contact if applicable). Please refer to BU Staff Health & Wellbeing [Referral Guidance](https://newintranetsp.bournemouth.ac.uk/_layouts/15/DocIdRedir.aspx?ID=ZXDD766ENQDJ-737846793-3832) and [Flowchart](https://newintranetsp.bournemouth.ac.uk/_layouts/15/DocIdRedir.aspx?ID=ZXDD766ENQDJ-737846793-3831) for full details.

The completed form should be emailed to [staffhealthandwellbeing@bournemouth.ac.uk](mailto:staffhealthandwellbeing@bournemouth.ac.uk).

The information provided remains **strictly confidential** and will be held securely in accordance with the principles of the Data Protection Act (2018), UK General Data Protection Regulations (2018) and [Bournemouth University's Data Protection Policy](https://newintranetsp.bournemouth.ac.uk/_layouts/15/WopiFrame.aspx?sourcedoc=%7bb3c265d2-29ea-49af-babd-7045153ade82%7d&action=default).

The content will be reviewed by designated members of the Health, Safety & Wellbeing team to establish an appropriate route for advice and/or support. The referring line manager and employee (and HR contact if applicable) will receive email notification of the outcome and any supplementary advice.

If external occupational health advice is required, onwards referral to the university’s occupational health provider (Dorset HealthCare University NHS Foundation Trust) will be made utilising the content of this form. This will be provided via Dorset HealthCare University NHS Foundation Trust OPAS-G2 secure online system. The employee will receive access to the online system in order to participate in the occupational health referral and consultation process. Further instructions including an individual access code will be provided via the employee’s preferred email address entered below.

Please complete all sections of this form **fully** - incomplete forms will be returned to the referring line manager.

For any queries not covered by the BU Staff Health and Wellbeing Referral Guidance or Flowchart please email [staffhealthandwellbeing@bournemouth.ac.uk](mailto:staffhealthandwellbeing@bournemouth.ac.uk)

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| **SECTION 1**  **DETAILS OF THE PERSON MAKING THE REFERRAL** | | | | | | | |
| Date of Referral | | | | DD/MM/YYYY | | | |
| Referring Line Manager’s Name | | | |  | | | |
| Job Title | | | |  | | | |
| Faculty/Professional Service | | | | Choose an item. | | | |
| Work Email Address | | | |  | | | |
| HR Contact Name (if applicable) | | | |  | | | |
| **SECTION 2**  **DETAILS OF THE EMPLOYEE BEING REFERRED**  Please complete fully ensuring that the **employee’s** **preferred email address is accurately entered** as this will be used for future OH email correspondence and appointment details. | | | | | | | |
| Employee’s Full Name | | | |  | | | |
| Date of Birth | | | | DD/MM/YYYY | | | |
| Job Title | | | |  | | | |
| Staff ID Number | | | |  | | | |
| Work/Office Location | | | |  | | | |
| Preferred Email Address | | | |  | | | |
| Contact Telephone Number | | | |  | | | |
| Home Address | | | |  | | | |
| **SECTION 3**  **EMPLOYEE’S ROLE**  Please include an overview of the employee’s role and responsibilities. | | | | | | | |
| Date of appointment to BU | | | | DD/MM/YYYY | | | |
| Contracted hours (hrs per week) | | | | hours per week | | | |
| Work pattern including remote working and/or shift details (if applicable) | | | |  | | | |
| Brief overview of the employee’s work responsibilities and/or  include job description as attachment. | | | |  | | | |
| Please indicate if any of the following are specific requirements of the employee’s work. | | | | | | | |
|  | Manual handling | | | | | | |
|  | Working at height | | | | | | |
|  | Occupational driving (i.e., driving university vehicles) | | | | | | |
|  | Working in isolation | | | | | | |
|  | Night work (i.e., regularly undertake a minimum of 3 hours per night work) | | | | | | |
|  | Significant exposure to noise | | | | | | |
|  | Significant exposure to vibration | | | | | | |
|  | Exposure to chemical hazards and dusts | | | | | | |
|  | Exposure to biological hazards – biological agents, blood/tissue, laboratory animals | | | | | | |
|  | Exposure to physical hazards – ionising radiation, UV light, work in compressed air | | | | | | |
| **SECTION 4**  **REASON FOR REFERRAL**  Please indicate relevant reason and include a **full description** in the box below using the bullet points as guidance. | | | | | | | |
|  | Advice about return to work after illness, injury, or surgery | | | | | | |
|  | Concern about employee’s health in relation to their ability to undertake and/or attend for work | | | | | | |
|  | Concern about frequent or long-term sickness absence | | | | | | |
|  | The employee has declared a health problem and advice on how this could affect their work | | | | | | |
|  | Other | | | | | | |
| **In addition,** you must provide further details below including:   * A brief description of the reason for referral. * A chronological overview of any relevant contextual or background information (including dates) if applicable. * Any additional information you feel may assist occupational health in assessing this case. | | | | | | | |
|  | | | | | | | |
| **SECTION 5**  **ABSENCE DETAILS** | | | | | | | |
| Is the employee currently absent? | | | | | | Yes / No | |
| Reason for current/recent absence (if applicable) | | | | | |  | |
| Current/recent absence start and expected end dates (if applicable) | | | | | |  | |
| Total number of days absent (if applicable) | | | | | |  | |
| Number of sickness episodes (in past 12 months) | | | | | |  | |
| Please use the space below to provide any other relevant absence history or details (if applicable) | | | | | | | |
|  | | | | | | | |
| **SECTION 6**  **ADJUSTMENTS AND SUPPORT** | | | | | | | |
| Previous OH referral(s) | | | | | | Yes / No | |
| Date of last DSE assessment | | | | | | DD/MM/YYYY | |
| Is the employee a First Aider? | | | | | | Yes/No | |
| Is the employee a Fire Warden | | | | | | Yes/No | |
| Please provide details below of any adjustments and support currently in place or planned.  If applicable, please provide details of   * Any agreed reasonable adjustments * Phased return plans * Equipment provision * Any additional support accessed | | | | | | | |
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| **SECTION 7**  **ADVICE REQUIRED FROM OCCUPATIONAL HEALTH**  Please select the questions from the list below which you wish occupational health to answer in regards to this referral. | | | | | | | |
|  | | Does the person referred have an underlying health issue affecting their work? | | | | | |
|  | | When is the person referred likely to be fit for work? | | | | | |
|  | | What adjustments would facilitate the person referred remaining and or returning to work? | | | | | |
|  | | If adjustments are recommended, when will the person referred be fit to resume their normal work? | | | | | |
|  | | Are there any health issues likely to be caused or made worse by work? | | | | | |
|  | | Would redeployment to another job/location be appropriate? | | | | | |
|  | | Are there any health issues likely to affect future work capability or attendance? | | | | | |
|  | | Could the health condition meet the criteria for the Equality Act? | | | | | |
| **Additional questions - please seek advice from your** [**HR Contact**](https://staffintranet.bournemouth.ac.uk/aboutbu/professionalservices/humanresources/hrcontacts/)  Please specify any other advice that may be required – specific questions will help the occupational health practitioner provide a detailed response. | | | | | | | |
| Please also use this space to include any further relevant additional information the Occupational Health Adviser/Physician should be aware of | | | | | | | |
| Job description attached | | | Yes / No | | 12-month absence summary attached | | Yes / No |
| **SECTION 8**  **REFERRAL PROCESS CONFIRMATION AND CONSENT** | | | | | | | |
| The reason for this referral should have been fully discussed by the line manager and employee, along with the possible outcomes of the referral.  The content will be reviewed by designated members of the Health, Safety & Wellbeing team who will establish an appropriate route for advice and/or support. The referring line manager and employee (and HR contact if applicable) will receive email notification of the outcome and any supplementary advice.  If external occupational health advice is required, onwards referral to the university’s occupational health provider (Dorset HealthCare University NHS Foundation Trust) will be made utilising the content of this form. This will be provided via Dorset HealthCare University NHS Foundation Trust OPAS-G2 secure online system.  **For employee only (for occupational health referrals):**  The university’s occupational health provider will contact you via the preferred email address provided to confirm receipt of the referral. Further instructions including an individual access code will be provided in order for you to participate in the occupational health referral and consultation process, including appointment details.  Appointments are typically held remotely, lasting approximately 40 minutes, during which time you will discuss the content of the referral with an occupational health practitioner. They may feel it would be helpful to obtain additional information from your GP or specialist. Should this prove to be the case, they will ensure that your written consent for this is also obtained and that you understand your rights under the [Access to Medical Reports Act (1988).](https://www.legislation.gov.uk/ukpga/1988/28/contents)  Following the appointment, a report will be prepared detailing the occupational health practitioner’s advice to the university. A copy of the report will be made accessible to the employee by the occupational health provider. [GMC Guidance](https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---confidentiality---disclosing-information-for-employment--insuran-70064157.pdf) stipulates an employee can elect to see the report to review for factual accuracy prior to it being released to the referring employer.  **For line manager and employee (and HR contact if applicable):**  The occupational Health report will be made accessible (‘released’) only to designated members of the Health, Safety and Wellbeing team who have signed a confidentiality agreement. The occupational health report remains strictly confidential and will be held securely in accordance with the principles of the Data Protection Act (2018) and [Bournemouth University's Data Protection Policy](https://newintranetsp.bournemouth.ac.uk/_layouts/15/WopiFrame.aspx?sourcedoc=%7bb3c265d2-29ea-49af-babd-7045153ade82%7d&action=default).  The Health, Safety & Wellbeing team will send email confirmation that the occupational health report has been released to the employee, copied to the referring line manager (and HR contact if applicable). The employee will be advised to share and discuss the content of the occupational health report with the referring line manager. This email will not contain confidential medical information however (where relevant) a summary of recommendations only and/or relevant signposting advice may also be included.  **Confidentiality and record-keeping**  This document remains strictly confidential and will be held securely in accordance with the principles of the Data Protection Act (2018) UK General Data Protection Regulations (2018) and [Bournemouth University's Data Protection Policy](https://newintranetsp.bournemouth.ac.uk/_layouts/15/WopiFrame.aspx?sourcedoc=%7bb3c265d2-29ea-49af-babd-7045153ade82%7d&action=default). | | | | | | | |
| **For completion by the referring line manager**   * I have read the supporting guidance, flow chart and information detailed in this referral form. * The content and reason for this referral has been fully discussed with the employee. * This document remains strictly confidential and will be held securely in accordance with the principles of the Data Protection Act (2018) UK General Data Protection Regulations (2018) and [Bournemouth University's Data Protection Policy](https://newintranetsp.bournemouth.ac.uk/_layouts/15/WopiFrame.aspx?sourcedoc=%7bb3c265d2-29ea-49af-babd-7045153ade82%7d&action=default).   **Referring Line Manager’s name/signature:**  **Date:** DD/MM/YYYY | | | | | | | |
| **For completion by the employee**   * I have read the supporting guidance, flow chart and information detailed in this referral form. * The content and reason for this referral has been fully discussed with the referring line manager. * I consent to the content of this form being provided to the university’s occupational health provider for the purpose of onwards referral. * I understand that I will be advised to share and discuss the content of the occupational health report with the referring line manager. I understand that this notification will be sent via email and copied to the referring line manager (and HR contact if applicable). This email will not contain confidential medical information however (where relevant) a summary of recommendations only and/or relevant signposting advice may also be included. * I understand that I can decline to attend the occupational health appointment and withdraw my consent for a report to be sent to the university. In this event, I understand that the university will be advised accordingly and that in such circumstances, the university may then take management decisions without the assistance of occupational health advice.   **Employee’s name/signature:**  **Date:** DD/MM/YYYY | | | | | | | |

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| **For Health, Safety & Wellbeing use only**  **Outcome of referral review** **(tick)** | |
| External OH Referral |  |
| Specialist DSE Assessment |  |
| Stress Risk Assessment |  |
| Additional Learning Support |  |
| Sport BU |  |
| Internal Support (including signposting) |  |
| Email notification of referral outcome sent |  |

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| **For Health, Safety & Wellbeing use only**  **Internal Support** | | |
| Date | Name | Comments/Action |
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